

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <u>10-11091023</u>		FILING DATE	
						APPLICANT(S)			
						7/25/03 1/10/05 CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/		/					
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48	/	/		/					
49	/	/		/					
50	/	/		/					
TOTAL D.	2	3	4						
TOTAL F.	18	13	8						
TOTAL A.M.S.	20	16	12						
						TOTAL IND.			
						TOTAL DEP.			
						TOTAL CLAIMS			